

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: John MI: M NICKNAME: _____ LAST: Parras SUFFIX: _____	OFFICE USE ONLY 	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4820 Rusk, Hou. TX 77023		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 514-0651		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Ms. FIRST: Jesusa MI: C. NICKNAME: Susie LAST: Moreno SUFFIX: _____	Receipt # Amount Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5201 Plum Dr., Hou. TX 77087		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 644 6593		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 31 / 05 12 / 31 / 05		
11 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 05	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Houston City Council - Dist. I	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

John Parras

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

*** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ***

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *-0.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *4,750.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *425.95*

4. TOTAL POLITICAL EXPENDITURES

\$ *9,303.12*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

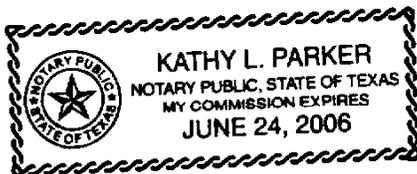
\$ *1,521.75*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *-0.00*

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *John Parras*, this the *17th* day of *January*, 20*06*, to certify which, witness my hand and seal of office.

Kathy Parker
Signature of officer administering oath

Kathy Parker
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1/1

2 FILER NAME

John M. Parras

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/2/05

5 Full name of contributor out-of-state PAC (ID#:

Jane Owen

7 Amount of contribution (\$)

2,000

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED], Hou. TX 77019

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/3/05

Full name of contributor out-of-state PAC (ID#:

Dick De Guerra

Amount of contribution (\$)

2,500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED], Hou. TX 77002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/3/05

Full name of contributor out-of-state PAC (ID#:

Martina Cartwright

Amount of contribution (\$)

50.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED], Hou. TX 77018

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/3/05

Full name of contributor out-of-state PAC (ID#:

Rex King

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED], Hou. TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/8/05

Full name of contributor out-of-state PAC (ID#:

Joe and Sonya Moreno

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]
Euless, Texas 76039

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1/5
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name Carreño Group	7 Amount (\$) 2,866.23
11/3/05	6 Payee address; City; State; Zip Code 714 Parker St., Hou. TX 77007	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for mailing		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Carreño Group	Amount (\$)
11/3/05	Payee address; City; State; Zip Code 714 Parker St., Hou. TX 77007	2,800.00
Purpose of payment (See instructions regarding type of information required.) Reimbursement for mailing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Juan Parras	Amount (\$)
11/3/05	Payee address; City; State; Zip Code 4622 Rusk, Hou. TX 77023	115.05
Purpose of payment (See instructions regarding type of information required.) Reimburse expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Dollar Tree Stores	Amount (\$)
11/5/05	Payee address; City; State; Zip Code Store #2862, Hou. TX	57.37
Purpose of payment (See instructions regarding type of information required.) Election day supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2/5

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 11/5/05	5 Payee name Sam's Club	7 Amount (\$) 218.35
6 Payee address; City; State; Zip Code 1615 S. Loop W., Hou. TX 77054		

8 Purpose of payment (See instructions regarding type of information required.) Electron day supplies - food...	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/5/05	Payee name Arne's Wholesale Warehouse	Amount (\$) 158.71
Payee address; City; State; Zip Code 2830 Hocks, Hou. TX 77007		

Purpose of payment (See instructions regarding type of information required.) Electron day supplies - decorations...	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/6/05	Payee name Office Depot	Amount (\$) 85.50
Payee address; City; State; Zip Code 6888 Gulf Frewy., Hou. TX 77087		

Purpose of payment (See instructions regarding type of information required.) Office Supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/7/05	Payee name Sam's Club	Amount (\$) 111.43
Payee address; City; State; Zip Code 1615 S. Loop W., Hou. TX 77054		

Purpose of payment (See instructions regarding type of information required.) Electron day supplies - drinks...	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3/5
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/7/05	5 Payee name Office Depot	7 Amount (\$) 64.93
6 Payee address; City; State; Zip Code 6888 Gulf Frewy., Hou. TX 77087		
8 Purpose of payment (See instructions regarding type of information required.) Office Supplies		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/8/05	Payee name A-ABC Air Conditioning & Heating Co.	Amount (\$) 90.00
Payee address; City; State; Zip Code 8124 Ithaca St., Hou. TX 77017		
Purpose of payment (See instructions regarding type of information required.) Office Maintenance		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/8/05	Payee name Aztec Party and Tent	Amount (\$) 121.24
Payee address; City; State; Zip Code 601 W. 6th St., Hou. TX 77007		
Purpose of payment (See instructions regarding type of information required.) Election day supplies - rental		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/8/05	Payee name Spec's Liquor Warehouse	Amount (\$) 189.32
Payee address; City; State; Zip Code 2410 Smith St., Hou. TX 77006		
Purpose of payment (See instructions regarding type of information required.) Election day supplies - drinks...		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4/5
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/8/05	5 Payee name Party's 4 You 6 Payee address; City; State; Zip Code 1310 Avenue G, S. Houston, TX 77587	7 Amount (\$) 500.00
8 Purpose of payment (See instructions regarding type of information required.) Election day Snacs. - drinks, workers		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/8/05	Payee name Vincent Castro Payee address; City; State; Zip Code 123 Dresden, Hou. TX 77012	Amount (\$) 200.00
Purpose of payment (See instructions regarding type of information required.) Election day entertainment - D.J.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/11/05	Payee name Juan Parras Payee address; City; State; Zip Code 4622 Rusk, Hou. TX 77023	Amount (\$) 112.92
Purpose of payment (See instructions regarding type of information required.) Reimbursement for misc. exp.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/20/05	Payee name Paz Muguerza Payee address; City; State; Zip Code 6731 Harrisburg, Hou. TX 77011	Amount (\$) 430.00
Purpose of payment (See instructions regarding type of information required.) Rent - utilities		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 5/5
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/20/05	5 Payee name SBC 6 Payee address; City; State; Zip Code Po BOX 930170, Dallas TX 77393	7 Amount (\$) 146.89
8 Purpose of payment (See instructions regarding type of information required.) Internet / Telephone		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/5/05	Payee name Jason Bruinsma Payee address; City; State; Zip Code 6505 Ave. F, Hou. TX 77011	Amount (\$) 150.00
Purpose of payment (See instructions regarding type of information required.) Contract work		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/5/05	Payee name Marro Moreno Payee address; City; State; Zip Code 6505 Ave. F, Hou. TX 77011	Amount (\$) 175.00
Purpose of payment (See instructions regarding type of information required.) Contract Work		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) -
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1/1
2 FILER NAME John Parras		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/4/05	5 Payee name NX Media Inc. 6 Payee address; City; State; Zip Code [REDACTED], Hou. TX 77081 7 Purpose of expenditure (See instructions regarding type of information required.) Pushcards	8 Amount (\$) 243.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/6/05	Payee name 99¢ only stores Payee address; City; State; Zip Code [REDACTED], Hou. TX Purpose of expenditure (See instructions regarding type of information required.) Electron day supplies	Amount (\$) 25.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/7/05	Payee name Register.com Inc. Payee address; City; State; Zip Code [REDACTED], NY NY 10018 Purpose of expenditure (See instructions regarding type of information required.) Website hosting	Amount (\$) 14.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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